

**FILED**

11/9/2010

HP

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

OCT 12 2010

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

JAMES BROOKS  
3624 PEACH GROVE  
HAZELCREST, IL 60429  
(708) 335-3217

Plaintiff(s)

PRAIRIE PACKAGING INC  
7200 S. MASON  
BEDFORD PARK IL 60438

10CV6510  
JUDGE CONLON  
MAG. JUDGE COX

Defendant(s)

On June 18, 1999 I was injured in a work related accident, where my left hand was amputated, forearm and left shoulder was severely damaged. Nothing has been done to help me. I was also diagnosed with chronic hepatitis C virus in October 2007. At this time the company had an agreement benefit package where I was entitled to all insurance paid by the company until age 65 and my minor children until age 26 as long as they were in school. Since June of 1999 the company was paying the insurance because I couldn't afford it. When the company was told they decided to terminate me and my insurance withered cause because they said I was disabled and unable to return to work. See info forwarded. A copy of benefit package is attached upon request.

James Brooks  
(708) 335-3217

**NOTICE OF TERMINATION**

Date Printed:03/02/2010

**aliquant**<sup>®</sup>

Aliquant Payment Processing  
Center

pactivadmin@aliquant.com  
1-877-722-8481

JAMES BROOKS and eligible dependents, if any  
3624 PEACH GROVE LN  
HAZEL CREST, IL 60429

**RE: NOTICE OF TERMINATION**

Dear James Brooks:

Your benefits have been terminated effective 01/01/2010 - 12/31/2010 due to non-payment of premiums by the communicated payment due dates.

You have the right to request a review of the termination of your benefits within 60 days of the date of this letter. To request a review, please submit a letter and any supporting documentation to the:

**Pactiv Benefits Center**  
**600 Grant Street, Suite 5380**  
**Pittsburgh, PA 15219**

You will be notified in writing of the decision within 60 days of receipt of your request.

If you have any questions regarding your account, please contact the Pactiv Benefits Center at 1-877-722-8481 and follow the telephone prompts. Representatives are available to assist you Monday through Friday from 9 a.m. until 5 p.m. Eastern Time.

Sincerely,

Pactiv Benefits Center

PTV



## Invoice

**Invoice Number:** LOA00001  
**Date of Invoice:** 02/03/2010  
**Due Date:** 02/16/2010  
**Amount due:** \$433.71

000001

James Brooks and eligible dependents, if any  
 3624 Peach Grove Ln  
 Hazel Crest, IL 60429

**Questions?**  
 1-877-722-8481  
 Monday through Friday,  
 9:00 a.m. to 5:00 p.m. (EST/EDT)

During your leave of absence, you are responsible for ensuring timely payment is made toward your elected coverage under the Pactiv Health & Welfare Benefit Program.

**All payments are due by the Payment Due date as shown above.** Detach the coupon shown at the bottom of this invoice and enclose your full payment as instructed below. **All payments must be made payable to Aliquant/Pactiv.**

- Partial payments will not be accepted and will be returned to you.
- Any payments returned by your bank will be considered "non-payment".
- **Do not** send cash.

If you fail to make timely payments toward your elected coverage, you will receive one final notice. Should your payment not be postmarked and received by the payment due date, your coverage will be terminated and COBRA will not be offered.

If you have questions on this invoice, please contact the Pactiv Benefit Center at 1-877-PACTIV1, Monday – Friday, 9 a.m. – 5 p.m. Eastern Time.

### Summary of Charges

Current charges (see back for detailed charges)	\$433.71
<b>Total Payment Due</b>	<b>\$433.71</b>

Please detach along perforation and return this portion with your payment

Please send your full payment amount **with this coupon** to:

Aliquant Corporation  
 c/o Webster Bank  
 P.O. Box 150465  
 Hartford, CT 06115-0465

<b>Invoice Number:</b>	<b>LOA00001</b>
<b>Date of Invoice:</b>	<b>02/03/2010</b>
<b>Payment Due:</b>	<b>02/16/2010</b>
<b>Amount due:</b>	<b>\$433.71</b>

- Please do NOT send cash.
- Payments should be made payable to Aliquant/Pactiv.
- Please remember to include your employee identification number or last four digits of your social security number on all checks and money orders.

000PTV 00L0A00001 0000026222 0000043371 9



US Steel Tower  
600 Grant Street  
Suite 5380  
Pittsburgh, PA 15219  
Phone 1-877-PACTIV1  
Fax 203-783-0092

February 3, 2010

James Brooks  
3624 Peach Grove Lane  
Hazel Crest, IL 60429

Dear Mr. Brooks:

Enclosed please find your Leave of Absence invoice for February. The first three rows of deductions itemized on page 2 represent payroll period 3 for 2010, pay ending 1/23/2010. These are designated pre-tax deductions. The deductions itemized on rows 4-6 represent pay periods one and two for 2010. These are retro deductions that need to be made up because of the lapse in billing. They are designated as post-tax deductions.

If you have any questions, you can call 1-877-722-8481 and follow the telephone prompts to the Health and Insurance department. Representatives are available from 9 a.m. until 5 p.m. Eastern Time Monday through Friday to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "John", written over the word "Sincerely,".

Pactiv Benefits Center  
1-877-722-8481

**Prairie Packaging**



March 1, 2010

Mr. Richard Cosentino  
534 Deer Field Lane  
New Lenox, IL 60451

Dear Mr. Cosentino:

As you may be aware Prairie Packaging Inc was acquired by Pactiv Corporation in June of 2007. Since that time Pactiv has been doing a thorough review and audit of all open and existing workers compensation cases as well as other Prairie processes. During a recent Pactiv audit it was discovered that your client, Mr. James Brooks, has been out of work on a worker's compensation medical leave since June of 1999.

As of our most recent medical update report from January 2010, Mr. Brooks was still not cleared to return to safe and effective work. In addition, we have not received any documentation from Mr. Brooks or his medical provider that would indicate he could return to safe and effective work now or in the future.

At this time we are requesting that Mr. Brooks provide to us with documentation by March 31, 2010 that can document and support that he is capable of returning to work in a safe and effective manner. If we do not receive documentation by the date specified above, termination of Mr. Brooks's employment will occur on May 3, 2010.

Upon termination of employment his health and welfare benefits provided by Pactiv Corporation will end. Please note this action does not under any circumstances affect or impact his ability to continue to receive workers compensation benefits he may be entitled to.

For all workers compensation questions and inquires regarding Mr. Brooks case, please contact Thomas Ajay Alfred at (800)-730-9051, Ext 1926.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Cowser".

Thomas Cowser  
Regional Human Resources Manager  
Pactiv Corporation.

c: James Brooks  
Thomas Ajay Alfred

FAX  
(281) 969-8887